



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

**FINANCIAL AND ADMINISTRATIVE
SERVICES**

<http://ochealthinfo.com/custrecords.htm>

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**REQUEST FOR RECORDS INSTRUCTION SHEET
ENVIRONMENTAL HEALTH**

Please return the completed form to the Custodian of Records office for processing located at 511 N. Sycamore, Santa Ana, Ca 92701. This form can be downloaded from the web site.

PLEASE SPECIFY WHAT INFORMATION IS BEING REQUESTED: Under this section, advise as to the specific type of record you are requesting and the information as outlined below.

1. Type of report (Restaurant and other food facility health inspections; food vehicle inspections; housing investigations; etc.)
2. Date of incident or report.

FACILITY ADDRESS: Clearly write the address of the restaurant, apartment, or rental property, etc.

FACILITY NAME: Give the name of the restaurant or apartment complex, etc. (if applicable)

RECORDS ARE REQUIRED FOR THE PURPOSE OF: Under this section, specify why you are requesting these records, i.e.: law suit, personal information, restitution of damages, etc.

PRINT the above information on the attached request form. **PRINT** and sign your name. **PRINT** your complete mailing address, including ZIP Code, and your day-time phone number.

UPON COMPLETION OF THE SEARCH FOR RECORDS
AN INVOICE WILL BE MAILED TO YOU.

THE RECORDS WILL BE FORWARDED TO YOU UPON RECEIPT OF PAYMENT.



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REQUEST FOR ENVIRONMENTAL HEALTH RECORDS

The undersigned hereby requests a copy of the record prepared and maintained in the ordinary course of business concerned at or near the time of the act, condition, or event which they depict by the County of Orange Health Care Agency.

The records requested are maintained under the Public Records Act Government Code § 6250 - 6270. Some information held in the documents may be exempt from release pursuant to the Public Records Act.

The undersigned understands that the Health Care Agency will charge \$0.15 per page copied. In the case of a request for a large number of copies, the Health Care Agency may provide the requestor with an estimate of copy costs prior to making said copies. If the request is to be canceled, this office must be notified at the above number within ten (10) days of receipt of request, otherwise cost incurred will be charged to the undersigned.

SPECIFIC RECORDS ARE: (Date of incident or report. Type of report - last food facility health inspection, housing inspection, etc.)

FACILITY ADDRESS: _____

FACILITY NAME: (Restaurant, Apartment Name, etc) _____

RECORDS ARE REQUIRED FOR THE PURPOSE OF _____

SIGNATURE of Requester and **DATE**

PRINT Name of Requester (and Company Name - if applicable)

PRINT Street Address

Daytime Area Code & Phone Number

PRINT City, State & Zip Code

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